FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

### **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Reset Form

Parties must be filed electronically.

2012 MAY 15 AM 8: 43

COMMITTEE NAME (Must be same as on Statement of Organ	vization)			
	•	F	ORM	
Swan K. Lleyd cam	60184		)R-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political			v. 12/2009)	REPORT
Subdivision Candidate ( 8 )County PAC ( 9 )City PAC ( 10 )School Bo		; (	Office Use On	-
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)	Sca	nned	
Susan Kennedy Llaya	Republican			
Office Sought County Auditor	District (if Senate or House)	Aud	ited	
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co	uant to lowa Code sections 68B.32/ mmittee, is the individual responsibl	A(7) and 68A.e for filing tim	401(3), the car ely and accura	ndidate, for a te reports.
SIGNATURE OF PERSON FILING REPORT	1099- <u>109</u> 0		S-14- DATE \$	3019
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	GNED
I AM FILING A May 19, 2012			ECTION YE	AR.
(report date)	Indicate by	# 🔼		
CHECK IF AMENDMENT TO REPORT DATED			ttees, enter Da	
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)		County & Loc which Electio		enter County in
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call of the last reporting period or must be zero if this is first	ish on hand at the end	<b>\$</b>	av	10.52
ADD TOTAL MONEY TAKEN IN THIS PERIOD	. ,	·		
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind below)			Ø
Schedule F: Loans Received total (Attach Schedule F	, ,			\$
Schedule H: Total Sales of Campaign Property (Attac	•			d)
(Schedule H applies to Candidates' Comm				
	SUB-TOTAL	<b></b>		ф
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	332 7377			
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans below)		<u> </u>	0,70
	•			Ø
Schedule F: Loan Repayments total (Attach Schedule F)				
CARLI ON HAND at the and of this semesting a said of the stage				
CASH ON HAND at the end of this reporting period (if final repo				29.82
	rt balance must be zero)	\$	<u>a</u>	
**UNPAID BILLS (From Schedule D - Attach Schedule D)	rt balance must be zero)	\$	<u>a</u>	29.82
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	rt balance must be zero)	\$ \$	a	29.82 Ø
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule **OUTSTANDING LOANS (From Schedule F - Attach Schedule	rt balance must be zero)	\$ \$		29.83 Ø Ø Ø
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule **OUTSTANDING LOANS (From Schedule F - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	rt balance must be zero)	\$ \$		29.83 Ø Ø Ø
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule **OUTSTANDING LOANS (From Schedule F - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)  CANDIDATE COMMITTEES ONLY:  VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	rt balance must be zero)	\$ \$	YES 🔀	<u>a9.83</u> Ø Ø

## For Instructions, See Back of Form

# Reset Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Sta	tement of Organization)
Suscenk. Word	Compaign

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#			\$	
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	СК#				
			SUB-TOTAL	s T	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form	
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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
_	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
(101101110)	
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Sta	tement of Organization)
Susan K. Lloyd	Campaign

		10 - 11/11/		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11412	ID# Bonk CK#	Northwest Bonk , PO BOX BO Spence JASIBOI	Image Fee & Soverter	\$ a.19
ત્રીકોાત્ર	ID#  CK#  Storement	Noctowest Bonk	Image fee & Sover Tax	<i>3.14</i>
अगाउ		A Northwest Bonk	Image Fee & Schot Tax	2-14
4/6/12	Stoterne	nd Northwest Bank	Image fee & sales Tax	D-14
34/12	CK# Borne	ent Northwort Bank	Trocke Fee + Same Tax	2.14
	ID# CK#			
	ID# CK#			
	ID# CK#			
	L	<u> </u>		

SUB-TOTAL \$ 10.70

TOTAL (if last page of this schedule)

\$10.70

THIS BOX	APPLIES	TO CAND	IDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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SCHEDULE Н

CAMPAIGN

#### THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY	(Rev. 02/08) PROPERTY	
COMMITTEE NAME (Must be same as on Statement of Organization)	ATTACH SCHEDULE H TO EACH REPORT, MAKING	
Susan Killoyd campaign	CHANGES AS REQUIRED.	
	CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

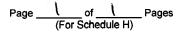
Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
713/10	compaign signs	\$50,000 (in Kind	) \$125 00 254
8/4/10	Campaign Signs. 1 side	62.8EB	\$19.260+
10/14/10	Compaign Yard Signs	4206.2S	\$100.000

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 144. 2 1

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\*

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$_	
(Attach Additional Schedules if Needed)	



TOTALS

<sup>\*</sup> If estimated, show est. beside figure.